

Completion Report For Grant Year 2004

Authority: 1990 PA 345

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: (517) 241-6321 or Facsimile: (517) 241-6301				County of Grant #152004-480__ __ MAIN Mail Code: Index: 02935 AOBJ: 1218 Federal I.D.					
FILL OUT & SUBMIT THIS REPORT AFTER JULY 1, 2004 WHEN WORK PROGRAM IS 100% COMPLETE									
WORK PROGRAM CATEGORIES (ITEMS G, H, I AND J)				Column A	Column B		Column C		Column D (B - A)
NOTE: Provide a written narrative explaining the reason(s) for ANY difference in the corners completed versus the corners specified in the annual work program for items G, H, I & J, whether <u>more</u> or <u>fewer</u> or <u>different</u> corners were completed than were specified in your 2004 grant work program.				Number of Corners in Approved 2004 Work Program	Number of PHYSICAL Corners Completed <div style="display: flex; justify-content: space-around; font-size: small;"> 1st Report This Report </div>		Number of Corners Completed COMMON to Another Twp. <div style="display: flex; justify-content: space-around; font-size: small;"> 1st Report This Report </div>		Difference between Number of Corners Approved & Number Completed (+ Or -)
G	RESEARCH completed.								
H	MONUMENTATION completed. Attach a copy of the recorded LCRC for each corner. If a common corner, attach one copy for each township. Enter a record for each corner, including common corners, completed on your corner index database in each corresponding township. Submit records to the State on the web-based Corner Index System.								
STATE USE ONLY: Number of Records Received: _____ Total Number of 2004 LCRCs Received: _____									
I	Points with COORDINATES SET. Submit data that contains three-dimensional coordinates for NGRS stations and for all other stations or corners on the web-based Corner Index System.								
STATE USE ONLY: Number of Records Received: _____ Certification Received? YES _____ NO _____									
J	Existing CONTROL STATIONS RECOVERED. Enter each recovery on a "Mark Recovery Form" according to the NOAA/NGS instructions on the NGS web site. Include a paper copy for the State's records.								
STATE USE ONLY: Number of Mark Recovery Forms Received: _____									
FINAL PAYMENT REQUESTED: \$ _____ (EARNED PORTION OF THE STATE GRANT NOT PREVIOUSLY REQUESTED)									
We certify to the best of our knowledge and belief that this report is correct and complete and all expenditures are for the purposes set forth in and in compliance with all grant award/contract documents. We request the final payment of the 2004 grant amount <u>less the unearned portion</u> , if any.									
Original Ink Signature of County Grant Administrator					Original Ink Signature of County Representative				
Date					Date				
Maynard R. Dyer, P.S., Director, Office of Land Survey and Remonumentation					Date				

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EXPENDITURE COMPLETION REPORT FOR GRANT YEAR 2004

Expenditures include state grant funds, county cash contribution and expedited funds, if any.

Work Program Expenditures By Line Item	WORK PROGRAM EXPENDITURES BY CATEGORY				Total Actual Expenditures For 2004 Grant Year (add G, H, I, J across). Enter below and on Page 3, under COLUMN "B"*	State Use Only
	Item G	Item H	Item I	Item J		
	Research on Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Control Stations		
Peer Group (PG)					*	
Contractual Survey Services (CSS)					*	
Supplies And Materials (S/M)					*	
Equipment (E)					*	
Administration (A)					*	
Actual 2004 Total Annual Expenditures (add Items G, H, I, and J down)	Item G	Item H	Item I	Item J	Total	
Approved 2004 Total Annual Project Budget						

*Total actual expenditures column on page 2 must be the same as column "B" on page 3

COUNTY MUST PROVIDE A PRINTOUT FROM THE COUNTY TREASURER'S OFFICE DETAILING THE ACTIVITY OF THE SURVEY AND REMONUMENTATION GRANT (ACCOUNT 245) AS WELL AS A COPY OF ALL INVOICES, PURCHASE ORDERS, JOURNAL VOUCHERS, ETC. FOR THE 2004 GRANT.

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EXPENDITURE COMPLETION REPORT FOR GRANT YEAR 2004

Expenditures include state grant funds, county cash contribution and expedited funds, if any.

	Column A	Column B	Column C	
Work Program Expenditures By Line Item	Approved 2004 Budget Including Approved Amendments, If Any.	Total Actual Expenditures For 2004 Grant Year (From Page 2)	Difference Between Total Actual Expenditures And Approved Budget Including Approved Amendments, If Any (Column A - B = C) Indicate As + Or - Balance	State Use Only
Peer Group (PG)			1	
Contractual Survey Services (CSS)			1	
Supplies and Materials (S/M)			1	
Equipment (E)			1	
Administration (A)			1	
Total (Adding A, B & C Down)	Total Annual Project Budget	Total Actual Expenditures	Unexpended Portion of Total Annual Project Budget ²	

FOR CALCULATION BY THE COUNTY GRANT ADMINISTRATOR (not including expedited county programs)*

\$ _____ (STATE GRANT) divided by \$ _____ (TOTAL ANNUAL PROJECT BUDGET) times
 \$ _____ (UNEXPENDED PORTION OF TOTAL ANNUAL PROJECT BUDGET -- COLUMN "C" ABOVE) equals
 \$ _____ UNEARNED PORTION OF GRANT (remains in the State Survey & Remonumentation Fund)

* IF YOUR COUNTY HAS AN APPROVED EXPEDITED GRANT APPLICATION FOR GRANT YEAR 2004, YOU MUST COMPLETE "SUPPLEMENT A," ATTACHED.

1 IF THE DIFFERENCE FOR ANY LINE ITEM OR WORK PROGRAM CATEGORY EXCEEDS 20% OF THE TOTAL ANNUAL PROJECT BUDGET, OR \$10,000.00 (WHICHEVER IS LESS), DESCRIBE ON A SEPARATE SHEET OF PAPER, IN A NARRATIVE FORM, THE REASONS FOR THE DIFFERENCE.

2 IF THE TOTAL ACTUAL EXPENDITURES ARE LESS THAN THE APPROVED TOTAL ANNUAL PROJECT BUDGET, THE DIFFERENCE MUST BE RETURNED TO THE STATE -- PRORATED AT THE RATE OF THE STATE/COUNTY RATIO PER THE GRANT AGREEMENT.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.